



OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02474

Christine M. Connolly
Director of Public Health

Tel: 781 316-3170
Fax: 781 316-3175

APPLICATION FOR A BODY ART PRACTITIONER PERMIT

Practitioner Information:

Your Name _____ Home Telephone _____

Home Address _____

Mailing Address _____

If different from home address

Social Security # _____ Date of Birth _____

Establishment Information:

Name of Establishment Where You Practice _____

Address _____ Telephone _____

Hours You Operate _____ Manager's Name _____

Please submit the following information:

- 1.) Two forms of positive picture identification
- 2.) \$200.00 fee made payable to the Town of Arlington
- 3.) Documentation of training and experience as required in section 12.G (2) of
**Town of Arlington Rules and Regulations for Body Art Establishments
and Practitioners.**

*I have received, read, understood and agree to follow all rules and regulations specified
in the **Town of Arlington Rules and Regulations for Body Art Establishments and
Practitioners.***

Sign _____ Date _____